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<i>Jamie L. Greene</i>	(Depositor's name)
<i>Jamie L. Greene</i>	(Signature)
<i>Nov. 17, 2006</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/502,176	02/10/2000	Steven Pirie-Shepherd	05940-0141	4843

TITLE OF INVENTION: DEGLYCOSYLATED KRINGLE 1-5 REGION FRAGMENTS OF PLASMINOGEN AND METHODS OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	12/11/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARRIS, ALANA M	1643	530-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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*KILPATRICK STOCKTON LLP*

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

*THE CHILDREN'S MEDICAL CENTER CORPORATION      BOSTON, MA*

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Jamie L. Greene*

Date *Nov. 17, 2006*

Typed or printed name

*JAMIE L. GREENE*

Registration No. *32467*

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